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# Pay Statement

Pay Period	Pay Date	Check N	um		Payroll	#	Work	( Unit	Distribution #	Pension #
09/10/2023 09/23/2023	09/29/2023	Z 23657369			463		1234		BRONXCC	928904
Employee Name	Employ	ee Num	JSN	MS	Federal Exempt	MS	State Exempt	Е	ectronic Fund Trans	fer Info
FELTMAN MATTHEW	116	8124	1	D	NA	A	00	Active		

Federal W4   Clain	n Dependents:	Other Income:	Other Deductions:
Totals	Gross Pay	Deductions	Net Pay
This Period	1596.15	430.28	1165.87
Year to Date	17557.65	4733.13	12824.52

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period	219.15	98.96	23.14	65.81		
Year to Date	2410.65	1088.57	254.58	723.91		

Payments				
Description	Pri	or Period	This Period	
Description	Units/Hours	Amount Earned	Units/Hours	Amount Earned
RECURRING REGULAR GROSS			10:00	1596.15

Deduction			
Description	Amount this Period	Goal Amt or # Installments	Balance Due or Installments left
PAID FAMILY LEAVE GOAL ORIENT	7.26	399.43	319.57
PROFESSIONAL STAFF CONGRESS	15.96		

Leave Balances		,	As of: 09/16/2023	
Description	Balance Avail	Description	Balance Avail HH:MM / DDD	

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#### Pay Statement

Pay Period	Pay Date	Check N	um		<b>Payroll</b>	#	Worl	<b>Unit</b>	Distribution #	Pension #
10/15/2023 10/28/2023	11/09/2023	C 57170016			463		1234		BRONXCC	928904
Employee Name Employee		ee Num	JSN	MS	Federal Exempt	MS	State Exempt	El	ectronic Fund Trans	fer Info
FELTMAN MATTHEW	116	8124	2	D	NA	A	00	Not Signed Up		

Federal W4   Claim Dependents:		Other income:	Other Deductions:		
Totals	Gross Pay	Deductions	Net Pay		
This Period	510.80	48.12	462.68		
Year to Date	1021.60	98.57	923.03		

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period		31.67	7.40	9.05		
Year to Date		63.34	14.81	18.10		

Payments				
Description	Pri	or Period	This Period	
Description	Units/Hours	Amount Earned	Units/Hours	Amount Earned
MISCELLANEOUS PAY ADJUSTMENT		510.80		

Leave Balances			As of: 10/28/2023
Description	Balance Avail HH:MM / DDD	Description	Balance Avail HH:MM / DDD

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# Pay Statement

Pay Period	Pay Date	Check N	um		Payroll	#	Work	( Unit	Distribution #	Pension #
08/27/2023 09/09/2023	09/15/2023	Z 23440097			463		1234		BRONXCC	928904
Employee Name	Employ	Employee Num		MS	Federal Exempt	MS	State Exempt	Electronic Fund Trans		fer Info
FELTMAN MATTHEW 1168124		Q1 2 <i>1</i>	1	D IVIS	NA	7\	0.0		Active	
FELIMAN MATIREW	110	0124		ע	INA	А	0.0		ACLIVE	

Federal W4   Clain	1 Dependents:	Other Income:	other Deductions:
Totals	Gross Pay	Deductions	Net Pay
This Period	1596.15	430.29	1165.86
Year to Date	15961.50	4302.85	11658.65

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period	219.15	98.96	23.15	65.81		
Year to Date	2191.50	989.61	231.44	658.10		

Payments					
Description	Pri	or Period	Thi	This Period	
Description	Units/Hours	Amount Earned	Units/Hours	Amount Earned	
RECURRING REGULAR GROSS			10:00	1596.15	

Deduction			
Description	Amount this Period	Goal Amt or # Installments	Balance Due or Installments left
PAID FAMILY LEAVE GOAL ORIENT	7.26	399.43	326.83
PROFESSIONAL STAFF CONGRESS	15.96		

Leave Balances			As of: 09/02/2023
Description	Balance Avail	Description	Balance Avail HH:MM / DDD

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#### Pay Statement

Pay Period	Pay Date	Check Num			Payroll # Work		Work Unit		Distribution #	Pension #
10/22/2023 11/04/2023	11/09/2023	Z 24325483			463 12		34	BRONXCC	928904	
Employee Name	Employ	ee Num	JSN	MS	Federal Exempt	MS	State Exempt	EI	ectronic Fund Trans	fer Info
FELTMAN MATTHEW 1168124		1	D	NA	A	00		Active		

Federal W4   Claim Dependents:		n Dependents:	Other Income:	other Deductions:
	Totals	Gross Pay	Deductions	Net Pay
	This Period	1596.15	430.29	1165.86
	Year to Date	22346.10	6024.00	16322.10

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period	219.15	98.96	23.15	65.81		
Year to Date	3068.10	1385.46	324.02	921.34		

Payments				
Description	Pri	or Period	This Period	
Description	Units/Hours	Amount Earned	Units/Hours	Amount Earned
RECURRING REGULAR GROSS			10:00	1596.15

Deduction			
Description	Amount this Period	Goal Amt or # Installments	Balance Due or Installments left
PAID FAMILY LEAVE GOAL ORIENT	7.26	399.43	297.79
PROFESSIONAL STAFF CONGRESS	15.96		

Leave Balances	As of: 10/28/2023		
Description	Balance Avail HH:MM / DDD	Description	Balance Avail HH:MM / DDD

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# Pay Statement

Pay Period	Pay Date Check Nu		um		Payroll #		Work Unit		Distribution #	Pension #
08/13/2023 08/26/2023	09/01/2023	Z 23222413			463		1234		BRONXCC	928904
Employee Name	Employee Num		JSN		Federal		State	Electronic Fund Transfe		fer Info
				MS	Exempt	MS	Exempt			
FELTMAN MATTHEW	116	8124	1	D	NA	Α	00		Active	

Federal W4   Claim Dependents:		n Dependents:	Other income:	ther Deductions:
	Totals	Gross Pay	Deductions	Net Pay
	This Period	1596.15	430.28	1165.87
	Year to Date	14365.35	3872.56	10492.79

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period	219.15	98.96	23.14	65.81		
Year to Date	1972.35	890.65	208.29	592.29		

Payments Payments						
Deceriation	Prior Period		This Period			
Description	Units/Hours	Amount Earned	Units/Hours	Amount Earned		
RECURRING REGULAR GROSS			10:00	1596.15		

<b>Deduction</b>					
Description	Amount this Period	Goal Amt or # Installments	Balance Due or Installments left		
PAID FAMILY LEAVE GOAL ORIENT	7.26	399.43	334.09		
PROFESSIONAL STAFF CONGRESS	15.96				

Leave Balances As of: 08/19/20					
Description	Balance Avail	Description	Balance Avail HH:MM / DDD		